

**CALIFORNIA MEDICAL PROFESSIONAL LIABILITY INSURANCE REPORT****GENERAL INSTRUCTIONS****CDI RSB-002 (REV 11-2008)****For Calendar Years: 2006, 2007, and 2008**

(Pursuant to California Insurance Code §11555.2)

1. Pursuant to CIC Section 11555.2, this report is required of each licensed insurer transacting, or that has transacted Medical Professional Liability Insurance in California during 2006, 2007, or 2008.
2. The data reported are to reflect only the business written in California. This report is to be filed on a group basis with inter-company reinsurance transactions excluded. One report is to be filed for the total business of each insurer group. All amounts reported are to be the direct liability with no deduction for reinsurance.
3. A separate report is required for each designated type of health care provider as defined in Supplement A to Schedule T of the Annual Statement:
  - (a) Physicians - including surgeons and osteopaths;
  - (b) Hospitals;
  - (c) Other health care professionals - including dentists; and
  - (d) Other health care facilities.

**The respective totals should reconcile with the totals in Supplement A to Schedule T.**

Please attach a copy of the 2008 Supplement A to Schedule T, scanned/saved into a .pdf file, for each designated type of health care provider.

4. Since the premiums and losses reported herein are on a “*direct*” basis, there is no need for this report to be filed by admitted (licensed) reinsurers for assumed business.
5. All amounts reported are to be with respect to the “*net direct premiums*.” “*Net direct premiums*” mean total direct premiums written in this state, less return premiums and any surplus premium deposits. “*Net direct premiums*” do not include reinsurance assumed or ceded.
6. Whether the coverage was written on a claims-made basis or an occurrence basis, the statute requires that the information be broken down by the year the claim occurred (*that is, the year in which the malpractice event occurred which gave rise to the reported loss*).
7. If you had **no** experience in 2006, 2007 and 2008 to report, please E-mail to: [RSBmedical@insurance.ca.gov](mailto:RSBmedical@insurance.ca.gov) the **2008 Signature Page** duly executed, in an Adobe **Portable Document Format**, also known as “**PDF**”. For the Signature Page, you can download a copy, have it signed and scanned/saved into a .pdf file. If you are unable to scan your signed signature page to a .pdf file, you could submit it by regular U.S. mail to the address listed below:

**CALIFORNIA DEPARTMENT OF INSURANCE**  
**RATE SPECIALIST BUREAU**  
**300 S SPRING ST, SOUTH TOWER, 14th FL**  
**LOS ANGELES CA 90013-1230**

8. If experience existed, starting 2009 (2008 filings), we are no longer requiring companies to print out the completed reporting forms. A Filing that is due by **July 1, 2009** would include an **Excel workbook** for companies that have data to report, a **signature page**, duly executed, **and copies of the 2008 Supplement A to Schedule T for each designated type of health care provider**. The signature page and copies of the 2008 Supplement A to Schedule T are in .pdf format. Please E-mail them to: [RSBmedical@insurance.ca.gov](mailto:RSBmedical@insurance.ca.gov).

If any questions arise regarding the completion or filing of this report, please contact the Rate Specialist Bureau at (213) 346-6732 or Fax No. (213) 897-6361, or by E-Mail: [RSBmedical@insurance.ca.gov](mailto:RSBmedical@insurance.ca.gov).